Correspondence

major national priority. However, we doubt that even the best palliative care would eliminate all requests for euthanasia or assisted suicide.

Kreyes’ appeal to “common sense,” no matter how attractive, is unlikely to provide a solution to the complex and pressing social problems of euthanasia and assisted suicide. This is an issue on which people of common sense disagree.

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Reference

Gender sensitivity
a sensitive issue

One of the excellent reviews concerning gender sensitivity, “Gender sensitivity in medical curricula” (Can Med Assoc J 1997;156: 1297-1300), by Barbara Zelek and associates, neglected very important terminology that has been used in the US but was not included in this article.

The term “seminar” should be reserved for teaching presentations involving male faculty members, with “ovular” being used for presentations by female faculty members.

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Received via email

I read the article by Zelek and colleagues with what I felt was genuine sensitivity. I have been educating young women and men to become physicians for the past 30 years and have been conscious for most of that time of the problems facing both sexes. I do not believe the problem to be as complex as the authors suggest. It is real but it is also simple: it is a matter of choosing the right words. In health care we are notorious for creating new words and giving old ones new meanings. A lot of our problems would be solved if instead of creating new words we made use of well-established ones. The article asks us to be sensitive to “genderizing” medical curricula. Gender is defined in this paper as “both the real relations between the sexes and the cultural renderings of those relations." I do not agree. The word gender refers to a grammatical classification of objects roughly corresponding to the two sexes and sexlessness (for example, masculine, feminine, neuter). Ships are a good example: for eons they have been of the feminine gender.

Gender has nothing to do with its cultural renderings. Two simple words are enough to define this: respect and equality. And what this requires is the right attitude. The creation of new words and the misunderstandings of old ones are not the answer.

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I believe this is a timely and valuable article and particularly appreciate the advice for medical educators that will help us to avoid creating difficulties unwittingly. That one can easily be gender insensitive during a medical communication is exemplified in the last paragraph of the section on guidelines relating to language. The authors suggest changing “a 23-year-old woman who works as a medical secretary” to “a 23-year-old medical secretary.” While this change might place equal emphasis on this person’s occupation, compared with the previous example of a “40-year-old professional man,” it has become totally insensitive to gender. The authors are presuming that all medical secretaries are women. If this was the only mention of the secretary’s sex in this med-